

# **EXHIBIT A**

INSTRUCTIONS:  
Place only ONE letter or number in each space  
and leave a blank space between words.

CIVIL COURT OF THE CITY OF NEW YORK  
SMALL CLAIMS PART  
STATEMENT OF CLAIM

(FOR OFFICE USE ONLY)

(Your) I. CLAIMANT'S INFORMATION

LAST NAME

HÉRSKOVIC

FIRST NAME

YÉHUDA

ADDRESS  
(NO P.O. BOX)

225 Ross St  
BROOKLYN

BOROUGH, CITY,  
TOWN OR VILL.

OTHER INFO

[Doing Business As] [In Care Of]  
[Attention To] Circle One

(Their)

LAST NAME  
(or Full Business Name)

TAP AIR PORTUGAL / PORTUGAL US CHAMBER OF COMMERCE

FIRST NAME

ADDRESS  
(NO P.O. BOX)

590 5TH AVE #4

BOROUGH CITY,  
TOWN OR VILL.

NEW YORK

OTHER INFO

PORTUGAL US CHAMBER - COMMERCE

[Doing Business As] [In Care Of]  
[Attention To] Circle One

PHONE NO. 212 354 4627

III. CLAIM

Amount Claimed: \$

990

(Maximum \$5,000)

Date of Occurrence or Transaction:

05/06/2018

Place of occurrence, if Auto Accident

PRIMARY REASON FOR CLAIM (Check One):

Damage caused to:

automobile

Failure to provide:

proper repairs

Failure to return:

security

Failure to pay:

salary

Breach of:

rent

Loss of:

contract

Returned:

luggage

Other: (Be brief)

check (bounced)

other personal property

proper services

property

for services rendered  
commissions

lease

property

check (stopped)

real property

proper merchandise

deposit

insurance claim

for goods sold and delivered

warranty

time from work

person

goods paid for

money loaned

agreement

use of property

IDENTIFYING NUMBER(S) - (Receipt #, Claim #, Account #, Policy #, Ticket #, License #, Plate #/s))

08/12/2019  
Today's Date

*JH JH*  
Signature of Claimant or Agent

\* DEFENDANT'S NAME: The legal name will be required in order to obtain an enforceable judgment. If the Defendant is a business, its full and correct Office of the County Clerk in the county in which the business is located or check on the following website: [www.dos.state.ny.us](http://www.dos.state.ny.us).

DEFENDANT'S ADDRESS: YOU must indicate the proper street address of the Defendant. A Post Office Box is not acceptable.

Filed Date: 09-10-2018

Case No.:

1692 NCC 2018

FEE: \$15.00 Paid

HERSKOVIC YEHUDA vs. TAP AIR POR

UGAL

Your Case is Scheduled for

Tuesday,  
September 17, 2018

CERT'D#

COA CODE

MISC

CLAIM AMT.

\$ 990

FEES

STANDARD FEE

CLAIMANT V. DEFENDANT

NO FEE

DEFENDANT V. THIRD PARTY

CLAIMANT V. ADD'L DEFENDANT

POSTAGE ONLY

WAGE CLAIM TO \$300

LANGUAGE

DATE DATA ENTERED

DATE NOTICES MAILED

CASE TYPE:

MULTI DFT  CTR/CLM

3 PARTY  CRS/CMPLT

FIRST DATE

DAY COURT

STATUTORY  OTHER

business name should be obtained from the  
FREE CIVIL COURT FORM

No fee may be charged to fill in this form.

Form can be found at